

**City of Kirkland**  
**Park and Community Services Department**  
**Youth Basketball Volunteer Coaching Position**

Thank you for applying to be a volunteer Youth Basketball Coach with the City of Kirkland Parks and Community Services. We appreciate your willingness to assist us with the operation of this program. Please understand that submitting your application DOES NOT guarantee a coaching position. We conduct a background and criminal history check to determine which candidates are the best fit for the program.

Please return the completed forms promptly by **MAILING** to, scan or fax will NOT BE accepted:

**Mail Application to:**

**Peter Kirk Community Center**  
**Att: Loni Rotter**  
**352 Kirkland Ave**  
**Kirkland, WA 98033**

**We handle applications on a first-come, first-serve basis. The earlier you return the forms, the faster we can process them. T-shirt size requests will only be considered until October 26<sup>th</sup>.**

After the forms have been processed, the League Coordinator / Assistant will contact you directly to speak about the volunteer coaching position for the season.

**League Meeting-** November 21<sup>st</sup> from 9:30am to 10:30am at Peter Kirk Community Center.

**On-Line Training-** Coaches will have the opportunity to recertify NYSCA Coaching Certification at the coaches meeting. **Coaches who are not yet certified will be enrolled in an online training by Kelsey Hayes and emailed information on how to complete the training.** All coaches and assistant coaches must be NYSCA certified by the first week of practice, Monday, November 30<sup>th</sup> . Once Additional youth basketball information can be found at [www.kirklandwa.gov/youthbasketball](http://www.kirklandwa.gov/youthbasketball)

## Kirkland Parks and Community Services

### 2015-2016 Youth Basketball Program

#### Volunteer Coach Application

*Submitting this application does not guarantee a coaching position. Thank you for your willingness to help.*

Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

If you have a Child in the Program what is his/her full name and grade: \_\_\_\_\_

Interested in coaching what grade: (circle one) 3 4 5 6 For what school? \_\_\_\_\_

Interested in coaching: (circle one) males females

Have you completed the National Alliance Youth Coach Certification Program with KPCS? (circle one) YES NO

Interested In (circle one): Head Coach Assistant Coach

Preference of the day and time you prefer to coach: (Please complete below)

*Example:*

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>1<sup>st</sup> Day Choice:</b> <i>Monday</i> | <b>1<sup>st</sup> Time Choice:</b> <i>5pm</i> | <b>2<sup>nd</sup> Time Choice:</b> <i>6pm</i> | <b>Location:</b> <i>Peter Kirk</i> |
| 1 <sup>st</sup> Day Choice:                     | 1 <sup>st</sup> Time Choice:                  | 2 <sup>nd</sup> Time Choice:                  | Location:                          |
| 2 <sup>nd</sup> Day Choice:                     | 1 <sup>st</sup> Time Choice:                  | 2 <sup>nd</sup> Time Choice:                  | Location:                          |
| 3 <sup>rd</sup> Day Choice:                     | 1 <sup>st</sup> Time Choice:                  | 2 <sup>nd</sup> Time Choice:                  | Location:                          |

Please be advised that typically 3<sup>rd</sup> and 4<sup>th</sup> grade teams practice at 6pm and 7pm and 5<sup>th</sup> and 6<sup>th</sup> grade team teams practice at 7pm and 8pm. Also, some schools offer only one or two nights for the entire league. Please be flexible by providing several different weeknights and locations you are available to coach. Please submit this application as soon as possible and the league coordinator will contact you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



REQUEST FOR CRIMINAL HISTORY INFORMATION  
CHILD/ACT ABUSE INFORMATION ACT  
RCW 43.43.831 THROUGH 43.83.845

REQUESTING AGENCY INFORMATION  
(to be completed by Human Resources):

Date Stamp Records Check

City of Kirkland, Human Resources Department

Agency Name

Check performed by:

REQUESTING AGENCY INFORMATION (to be completed by requestor):

Loni Potter  
Name of requestor

Kelsey Nages  
Supervisor (of applicant)

Youth Basketball Coach  
Title of position applicant is seeking

Parks - PKCC  
Department

Type of application: ☐ Employment ☒ Volunteer ☐ Independent Contractor ☐ Other \_\_\_\_\_

APPLICANT INFORMATION: Please write clearly – all information is mandatory.

Applicant Last

First

Middle Name or Initial

Alias/Maiden Name(s)

/ /  
Date of Birth mo/day/year

Sex

Address

City

State

Zip

Applicant Signature

Date

Pursuant to RCW 10.97 signing this release will allow a further check if deemed necessary by the information received from the Washington State Patrol Criminal History Section.

Additional background fingerprint-based checks will be run with WACIC/NCIC if deemed necessary to obtain the appropriate clearance for the position for which you are applying.

Note: A conviction record will not necessarily disqualify you for employment unless such a record would reasonably affect your fitness for the job for which you have applied.

**DISCLOSURE STATEMENT**

Pursuant to the requirements of RCW-43.43.830-840, we must ask you to complete the following disclosure statement. All questions must be answered to be considered for employment. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against children or any other persons:

Yes No

- ☐ ☐ Aggravated Murder  
☐ ☐ Arson First degree  
☐ ☐ Assault First, Second or Third degree  
☐ ☐ Assault Fourth degree (Simple Assault)  
☐ ☐ Assault on a Child, First, Second, or Third degree  
☐ ☐ Burglary First degree  
☐ ☐ Child Abandonment  
☐ ☐ Child Abuse or Neglect as Defined in RCW 26.44.020  
☐ ☐ Child Buying or Selling  
☐ ☐ Child Molestation First, Second or Third degree  
☐ ☐ Communication with a Minor  
☐ ☐ Crimes Related to Drugs as Defined in RCW 43.43.830  
☐ ☐ Criminal Abandonment  
☐ ☐ Criminal Mistreatment First or Second degree  
☐ ☐ Custodial Assault  
☐ ☐ Custodial Interference First or Second degree  
☐ ☐ Extortion First, Second or Third degree  
☐ ☐ Felony Indecent Exposure  
☐ ☐ Forgery  
☐ ☐ Incest  
☐ ☐ Indecent Liberties

Yes No

- ☐ ☐ Kidnapping First or Second degree  
☐ ☐ Malicious Harassment  
☐ ☐ Manslaughter First or Second degree  
☐ ☐ Murder First or Second degree  
☐ ☐ Patronizing a Juvenile Prostitute  
☐ ☐ Promoting Pornography  
☐ ☐ Promoting Prostitution First degree  
☐ ☐ Prostitution  
☐ ☐ Rape First, Second or Third degree  
☐ ☐ Rape of a Child First, Second or Third degree  
☐ ☐ Robbery First or Second degree  
☐ ☐ Selling or Distributing Erotic Material to a Minor  
☐ ☐ Sexual Exploitation of Minors  
☐ ☐ Sexual Misconduct with a Minor First or Second degree  
☐ ☐ Theft First, Second or Third degree  
☐ ☐ Unlawful Imprisonment  
☐ ☐ Vehicular Homicide (Negligent Homicide)  
☐ ☐ Violation of Child Abuse Restraining Order  
☐ ☐ Or any of these crimes as they may have been renamed or that is equivalent in any state

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s), the sentence(s) imposed and the location of the court/jurisdiction (use back of page if necessary).

1. Have you ever been found in a:

- (a) Dependency action to have neglected or sexually assaulted/abused or exploited any minor or adult person or to have physically abused any minor? ☐ Yes ☐ No
- (b) Domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? ☐ Yes ☐ No
- (c) Disciplinary board final decision to have neglected or sexually or physically abused or exploited any minor or adult person? ☐ Yes ☐ No
- (d) Court or state licensing board action to have neglected or sexually abused or exploited any minor or adult person? ☐ Yes ☐ No
- (e) Disciplinary board final decision to have abused or financially exploited any person 60 years or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital? ☐ Yes ☐ No
- (f) Protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself who is a patient in a state hospital? ☐ Yes ☐ No



2. Has it been determined by any state agency or department that you have abused, neglected or exploited anyone? ☐ Yes ☐ No
3. Has a court issued any order of protection against you for abuse or exploitation? ☐ Yes ☐ No
4. Have you ever had a license to care for children or adults denied, revoked or suspended ☐ Yes ☐ No

If your answer is "yes" to any questions of 1 through 4 previous, please describe and provide the date(s) of the finding(s), the penalty(ies) imposed and the location of the court/jurisdiction (use back of page if necessary).

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital:

- | Yes                      | No                       | Yes                      | No                       |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- First, Second or Third degree Extortion  
First or Second degree Robbery  
First, Second or Third degree Theft  
Forgery  
Or any of these crimes as they may have been renamed

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s), the sentence(s) imposed and the location of the court/jurisdiction (use back of page if necessary).

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol and other criminal history reporting agencies.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system, a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the Background Check response within ten days after we receive the report if any employment decisions are the result of an unsatisfactory report. We will make a copy of the report available to you upon your request.